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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AMENDMENT "D"

APPLICANTS: Huebler et al. GROUP ART UNIT: 3628
SERIAL NO.: 09/457,999 EXAMINER: Debra F. Charles
FILED: December 10, 1999 CONFIRMATION NO.: 8312
TITLE: "METHOD AND ARRANGEMENT FOR CONTROLLING A DYNAMIC SCALE"

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

SIR:

In response to the Office Action dated January 8, 2004, Applicants herewith amend the application as follows.

O I P E TELEPHONE (312) 258-5500



SCHIFF HARDIN & WAITE

PATENT DEPARTMENT

6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606

CONFIRMATION NO. 8312

MAIL STOP NON-FEE AMENDMENT

In re application of:

Huebler et al

SERIAL NO.: 09/457,999

GROUP ART UNIT: 3629

FILED: December 10, 1999

EXAMINER: D. Charles

TITLE: "METHOD AND ARRANGEMENT FOR CONTROLLING A DYNAMIC SCALE"

AMENDMENT "D"

Assistant Commissioner for Patents
Washington D.C. 20231

SIR:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below.

RECEIVED
APR 19 2004
GROUP 3600

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	*28	MINUS	**28	X	() X 9.00 (X) X 18.00	\$
INDEP. CLAIMS	*2	MINUS	3	X	() X 40.00 () X 80.00	
Application amended to contain any multiple dependent claims not previously paid for.				(') YES () NO	() \$135.00 () \$270.00 ONE TIME	
				TOTAL ADDITIONAL FEE FOR THIS AMENDMENT		\$0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated _____ for _____ months so that the period for response is extended to _____. A check in the amount of \$_____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.

A check in the amount of \$ 18.00 is attached.

A check for \$ _____ accompanying IDS under 37 CFR 1.97(c) is attached

A check for \$ _____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.

The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.

When phoning re this application, please call (312) 258-5500.

SCHIFF HARDIN & WAITE (Customer Number: 26574)

Patent Department

BY Steven H. Noll (28,982)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on April 7, 2004

The PTO did not receive the following
listed item(s) A check.

Steven H. Noll

NAME OF APPLICANT'S ATTORNEY

Steven H. Noll

SIGNATURE

April 7, 2004

DATE